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DATENT ADDITION SEE DETERMINATION DECORD. Asplication of Pocket Number.

Substitute for Form PTO-875							10/708,378			27/2004	To be Mailed	
APPLICATION AS FILED – PART I											HER THAN	
(Column 1) (Column 2)						_	SMALL	ENTITY 🗌	OR	SMA	ALL ENTITY	
L	FOR	٨	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	1	RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A]	N/A		
	SEARCH FEE (37 CFR 1.16(k), (l),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	TAL CLAIMS CFR 1.16(I))		minus 20 =		•		x \$ =		OR	x \$ =		
	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =				x \$ =		1	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2 add	If the specification and drawings exceed 10 sheets of paper, the application size fee duis \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Ш	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL		
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	11/09/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(1))	* 20	Minus	20	= 0		x \$ =		OR	X \$50=	0	
	Independent (37 CFR 1.16(h))	* 3	Minus	***3	= 0]	x \$ =		OR	X \$200=	0	
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
		(Column 1)		(Column 2)	(Column 3)							
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
딦	Total (37 CFR 1,18(i))	•	Minus	*	=	1	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=	l	x \$ =		OR	x s =		
Ξ	Application Size Fee (37 CFR 1.16(s))								1			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
TOTAL TOTAL ADD'L OR ADD'L FEE FEE												
** If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" for IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" for Id This SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" for Id This SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" for Id This SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" for Id This SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For Previously Paid For Previously Paid For Paid For Previously Paid For Previously Paid For Previously Paid For Previously Paid For Paid For Previously Paid For Previously Paid For Previously Paid For Previously Paid For Paid For Previo											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or relatin a benefit by the public which is to file (and by the USPTO) reprocess) an application. Confidentiating is governed by 35 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to take 122 missing the foliation of the completed application form to the USPTO. Time this collection is estimated to take 122 calculating pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for meticing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-4450. DN TS-COMPLETED FORMS TO THIS

ADDRESS. SEMD TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-4450.